POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*MMB*		10/15/0
O.I.P.E. CLASSIFIER			10-21-03
FORMALITY REVIEW	*ec*	823	11/07
RESPONSE FORMALITY REVIEW	*a/y*	JL261	9-03-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date								Claim Final	Original	Date								Claim Final	Original	Date							
	1										51										101								
	2										52										102								
	3										53										103								
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	49										99										149								
	50										100										150								

If more than 150 claims or 10 actions
staple additional sheet here

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